

2002 UNIFORM BUSINESS REPORT (UBR)

0004944 AV

DOCUMENT # A99000000789

1. Entity Name
MANSUR TELECOM, LTD.

FILED

02 APR 22 PM 3:24

Principal Place of Business: **875 NORTH MICHIGAN DRIVE, SUITE 3620 CHICAGO IL 60611**
 Mailing Address: **875 NORTH MICHIGAN DRIVE, SUITE 3620 CHICAGO IL 60611**

141-85
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0916908	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MANSUR, E. BARRY 1117 SCHEFFLERA DRIVE CAPTIVA FL 33924			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V21513 MANSUR & COMPANY - FLORIDA, INC. 875 NORTH MICHIGAN DRIVE, SUITE 3620 CHICAGO IL 60611	STREET ADDRESS	600005392786--3
		CITY-ST-ZIP	-04/30/02--01057--001 ***1977.50 ***141.25
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		CITY-ST-ZIP	

CFR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Kurt D. Koeplin **Kurt Koeplin, Treas. 3/22/02 (312)263-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #